	Á	PART B - FEE(S) TRANSMITTA
ν.		11(b) 1121111111 XA

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUT: FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This appropriate, All further indicated unless correct mainrenance fee notifica		or transmitting the ISSU ig the Patent, advance of terwise in Block 1, by (i	JE FEE and PUBLIC rders and notification a) specifying a new or	ATION FEE (if required), of maintenance fees will be prespondence address; and/o	Blocks I through 5 sho mailed to the current cour or (b) indicating a separa	ould be completed where orrespondence address as are "FEE ADDRESS" for	
CURRENT CORRESPOND	ENCT ADDRESS (Note: Use Al	nck 1 for any thinge of address)	Olpa	Note: A certificate of mailin fee(s) Transmittal, this cert papers, hach additional paper have its own certificate of ma	ng can only be used for illeate cannot be used for r, such as an assignment	domestic mailings of the any other accompanying or formal drawing, must	
51640 SPINE MP LERNER, DAV 600 SOUTH AV WESTFIELD, N	'ENUE WEST		10V 19 2007 2	_	te of Mailing or Transmi	irrion	
		/4.				(Depositor's name)	
		70	DEMARK OF			(Signature)	
	<del>-,</del>					(1)Mc)	
APPIJICATION NO.	FILING DATE		FIRST NAMED INVEL T	OIL ALIE	DRNKY DOCKET NO.	CONFIRMATION NO.	
10/725,306 TITLE OF INVENTION	12/01/2003 DISTRACTION INSTE	RUMENT FOR USE IN A	James D. Rulph ANTERIOR CERVIC A	SPIN L FIXATION SURGERY	E 3.0-451 CONT	2905	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE IN	JE PREV. PAID ISSUE FEE	TOTAL FFE(S) DUE	DATE DUE	
nonprovisional	NO	\$1100-1440	\$300	50	\$1200/740	11/27/2007	
EXAM	INER	ARTUNIT	CLASS-SUBCLAS:	11/20/2007 H	GEBREH2 00000055 18	21095 10725306	
SONNETT, K.	ATHLEEN C	3731	606-061000	 01 FC:1501	1440.00 DA		
Change of correspond Address form PTO/SH  "Fee Address" indip PTO/SH/47; Rev 03-0; Number is required.	nce address or indication ondence address (or Char V122) attached. cution (or "Fee Address" 2 or more recent) attache	ige of Correspondence Indication form d. Use of a Customer	(1) the names of up or agents OR, aftern (2) the name of a si registered attorney (2 registered patent a listed, no name will	2. For printing on the parent front-page half 4 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered anome) or agent) and the names of up to 2 registered anome) or agent attorneys or agents. If no name is issted, no name will be printed.			
I. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	HE PATENT (print or	type)			
PLEASE NOTE: Unit	ess an assigned is identil in 37 CFR 3.11. Compl	fied below, no assignce of this form is NOT	data will appear on the	e putent. Il'un assignee is i- an assignment.	dentified below, the does	iment has been filed for	
PLEASE NOTG: Unless an assignee is identified below, no assignee data will appear on the putent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
SpineCore	, inc.		Summit,	New Jersey			
lease check the appropris	ate susignee category or o	eategories (will not be pri	nted on the patenr);	🗀 Individual 🖾 Corporar	ion or other private group	entity Government	
a. The following foc(s) a  State Foc  Publication Foc (No  Advance Order • #	o small entity discount po	ermi <b>ned)</b>	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment. to Deposit Account Number 1.2-1095 (enclose an extra copy of this form).				
a. Applicant claims	us (from status indicated SMALL ENTITY status	Sec 37 CFR 1.27.	b. Applicant is no l	onger claiming SMALL EN	TITY slatus. See 37 CFR	1.27(g)(2).	
OTE: The Issue Fee and necrest as shown by the re	Publication Fee (if requiecords of the United State	ired) will not be accepted as Patent and Trademark	Character and achar et a	n the applicant: a registered a	attorney or agent: or the a	ssignee or other party in	
Authorized Signature	7 1			DareNove	mber 19, 2007		
Typed or printed name	John R.	Nelson .		Registration No	26,573		
his collection of informa n application. Confidenti ubmitting the completed his form and/or suggestions. 1450. Alexandra, Vi-	tion is required by SCF ality is governed by 35 t application form the lines are for reducing this burd reinia 22313-1450. DO	R 1.311, The information J.S.C. 122 and 37 CFR 1 USPTO. Time will vary of len, should be sent to the NOT SEND REES OF C	is required to obtain of .14. This collection is depending upon the image of the Information Off Chief Information Chief I	or retain a benefit by the publication and to take 12 minutes lividual case. Any comment icer, U.S. Patent and Traden TO THIS ADDRESS SENT	ic which is to file (and by to complete, including g s on the amount of time and Office. U.S. Departs	rhe USPTO to process) athering, preparing, and you require to complete tent of Commerce, P.O.	

This collection of information is rean application. Confidentiality is gubmitting the completed applications for real background and applications for real this form and/or suggestions for real Box 1450, Alexandria, Virginia 22.313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Approved for use through 10/31/2002. OMB 0651-0031 U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## **FACSIMILE TRANSMISSION**

**LDLKM** 

## ISSUE FEE TRANSMITTAL AND PUBLICATION FEE

ATTORNEY DOCKET NO.: SPINE 3.0-451 CONT

**APPLICATION NO.: 10/725,306** 

**CONFIRMATION NO.: 2905** 

MAILING DATE OF NOTICE OF ALLOWANCE: August 27, 2007

FAX NUMBER: (571) 273-2885

PAGES INCLUDING COVER SHEET: 2

PLEASE ACKNOWLEDGE RECEIPT TO SENDER AT (908) 654-7866.

**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8** 

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on November 19, 2007

Signature

John R\Nelson; Reg. Nc. 26,573

Typed or printed name of person signing Certificate

824.367 1.DOC